What is Causing the Blood Clots from "Died Suddenly?"

I have always been drawn to understanding pharmaceutical injuries, and for years I've participated in support groups for a variety of different toxic pharmaceuticals (e.g. Lupron or Ciprofloxacin and other fluoroquinolones). In addition to being able to witness the human costs of these drugs firsthand (and the gaslighting those forgotten patients experience), this exploration has given me a great deal of perspective on the shared and differing toxicities these drugs share along with what methods can help the myriad of seemingly unrelated symptoms that emerge.

Once the COVID-19 vaccine rollout started, my focus understandably shifted toward them. Although many of the pathologies I saw resembled what I had seen with other toxic drugs (and to some degree responded to the same therapies), there was also a lot I had not seen before, which demonstrated these vaccines were in a different league of toxicity from what I was used to. I have thus spent the last two years trying to understand exactly how these vaccines kill and injure people.

The documentary "Died Suddenly" was recently released and went viral. I am personally a bit torn on this movie because it covers a lot of important ground and is presented in a highly persuasive manner that will red-pill many who are on the fence, but it also has a variety of errors and tangental conspiratorial content which makes it prone to being debunked and discrediting this message to those who were on the fence about it.

One of the challenges we have reached in the current political system (concisely articulated by Scott Adams) is that for many "facts don't matter; persuasion is everything." Because we live in a sea of information, that information is overloading and people typically default to selecting the "facts" which are presented to them in the most persuasive manner possible (e.g. in an emotionally provocative manner or by being spammed simultaneously on every media source). This is also why I believe understanding the propaganda which underlies

the medical-industrial complex is so important for one's health and why that was the focus of my previous article.

One of Scott Adams' key points is that visual metaphors tend to be the most persuasive because they are easy for the audience to comprehend and viscerally experience (this was a rhetorical tactic frequently utilized by Trump). I have often thought about this point in regard to heart disease, as the cholesterol hypothesis (which has made billions upon billions off toxic cholesterol-lowering drugs) for decades has failed by every metric, is completely unsupported by the evidence (this subject is further discussed here), yet despite all of that, the cholesterol hypothesis persists.

I believe the marketing genius behind the cholesterol hypothesis lies in how visually persuasive it is. This is because cholesterol obstructing the arteries (which is not what actually happens) can easily be analogized to a fat-clogged sewage pipe, and once the idea is explained to people it, **along with the disgust it elicits** can easily be visualized by a member of the public.

In the case of the COVID-19 vaccines, although they have a variety of issues, the unique blood clots they form once observed in autopsies also fulfill that requirement, and hence are a home run for persuasion. Similarly, I felt their

section represented by far the most persuasive part of “Died Suddenly” and for that reason, I created a 15-minute abridged version of the documentary only containing the sections focusing on blood clots. Keeping the previous in mind, watch this and notice how persuasive it is to you (I believe this is the primary part of the video that is red-pilling people). Scenes in this video will also be important for understanding technical details within later parts of the article.

Died Suddenly Clots.mp4

AMD

15:22

Pretty convincing wouldn’t you say?

Unfortunately, as alluded to above, there is one huge issue with this segment. The live clot at the end has nothing to do with the COVID-19 vaccinations (it came from a surgery posted on youtube a year before the vaccines entered the market). I suspect this arose because someone re-uploaded that clip and labeled it as being from the vaccines (either as a prank or as clickbait) and then it was re-shared until the Died Suddenly team got it and added it in since it supported their narrative. This illustrates why it is so important to have strict editorial controls on any production, especially one that is difficult to revise after the fact and will be viewed by large numbers of people. I debated clipping that ending part off (since it makes this a much worse clip to share), but did not as I felt it is important for our community to be transparent and open about any inaccuracies on our end.

This clip has also inspired other readers to investigate these claims. They sadly have reported a similar situation to that being seen in the medical field. Readers have also told me directly that funeral home directors when spoken to will admit they are seeing these clots but are afraid to speak out on this issue as they fear losing their businesses and livelihoods (e.g. one funeral home in Washington was

cancelled for doing so). After publishing this article, a reader (I verified the credentials of) who works at funeral homes in the South also reached out and attested that although blood clots are not rare at all to see during the embalming process, they and colleagues have started seeing large clots like those described here that have never been observed before.

A significant portion of my focus on the COVID-19 vaccination issue has revolved around trying to understand what is causing these unusual blood clots (both the coffee ground looking microclots and the large fibrous clots). I view the blood clots as being particularly important as they may be the key to understanding why a delayed death effect (often taking around 5 months) is frequently observed in vaccine recipients.

Before we go further, I would like to note that the best article (courtesy of the Epoch Times) I have seen summarizing the characteristics of these clots can be found here and is thus an important reference piece for understanding this question. One of the key points this article illustrates is that the elemental composition of these fibrous structures indicates they are not primarily forming from blood (e.g. they may be in regions of poor circulation). Another key point is that smaller normal blood clots (as shown within Died Suddenly) could be found at the terminal regions of the fibrous clots suggesting they may have originated there and that a normal process had initiated at these clots but then gone awry.

At this point, I have heard more hypotheses than I can count that many sincerely believe in. These include:

•These are normal blood clots being misinterpreted by large numbers of embalmers who have been sucked into a mass formation and any post-mortem clot would look like that if it was preserved in the manner the embalmers chose to do so here.

•The mRNA vaccines also somehow produce synthetic toxic proteins inside the body that self-assemble into these deadly blood clots.

•These fibrous clots are self-assembling nanotechnology whose growth somehow responds to 5G or Bluetooth.

•These fibrous clots are being produced from eggs of an unknown and possibly alien parasite (which is nonetheless susceptible to anti-parasite medication).

Because these fibrous clots are so unusual they have understandably provoked a great deal of confusion and uncertainty which has led many to grasp for rather unusual explanations over what is occurring. In situations like these, I believe that if a simple and comprehensive explanation can be identified, that represents the best approach for addressing this dilemma. Fortunately, one has been.

Two months ago I put forward the model I believe best explains what is occurring (for those wishing to learn more, the article below goes into a significant degree of detail that is beyond the scope of today's article):

The long and short of it was that this largely unknown August 2021 paper explains **exactly why these fibrous clots** are forming.

In the study, a blood clotting simulation outside the body was created. Normal blood, blood from COVID-19 patients on the first day of symptoms before any treatment, and normal blood exposed to a low concentration of COVID-19 spike proteins were then exposed to a key clotting factor, thrombin. When those clots were observed the study found:

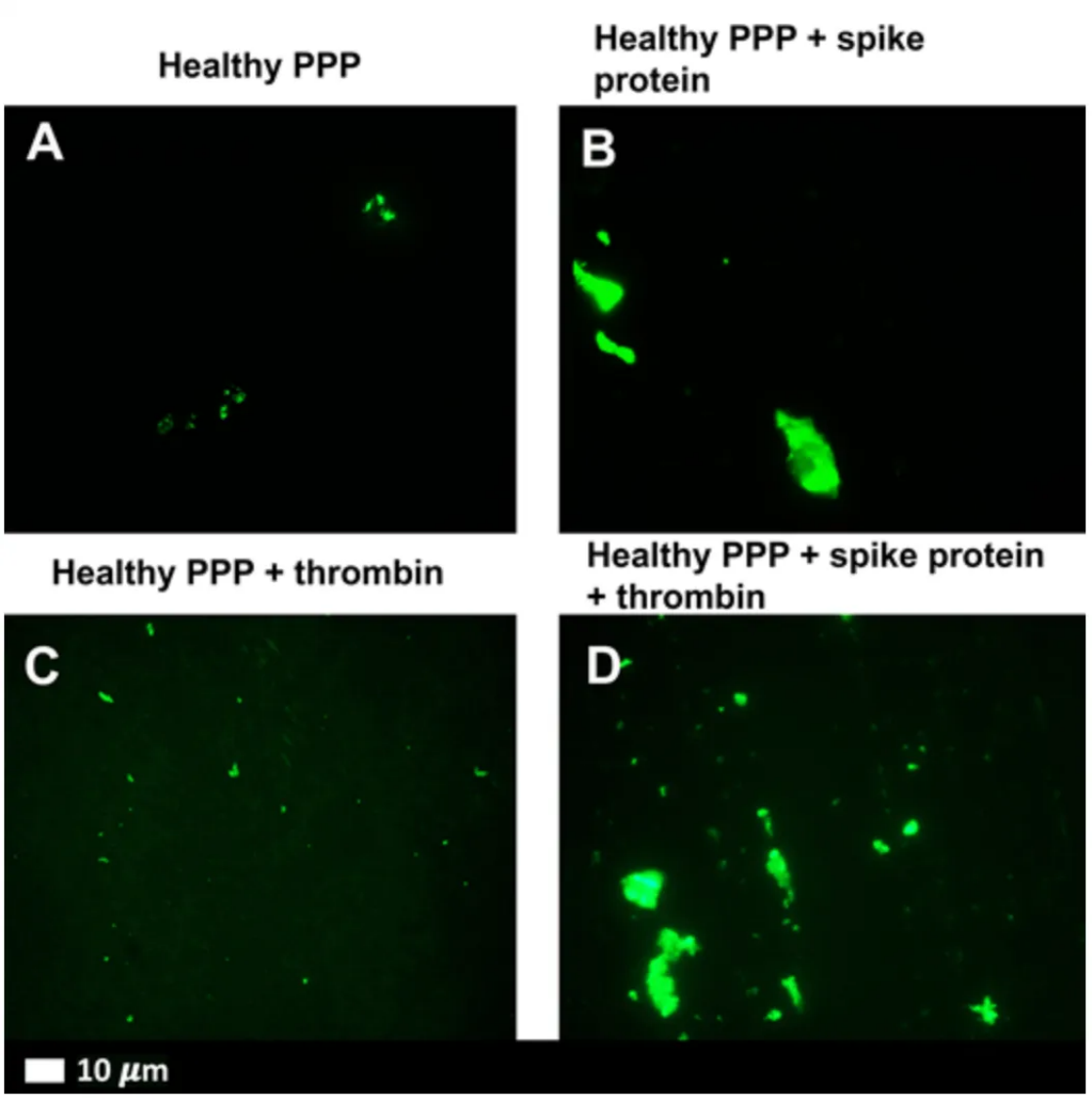
•Normal blood behaved as expected.

•Normal blood with dilute spike protein formed a denser fibrin clot.

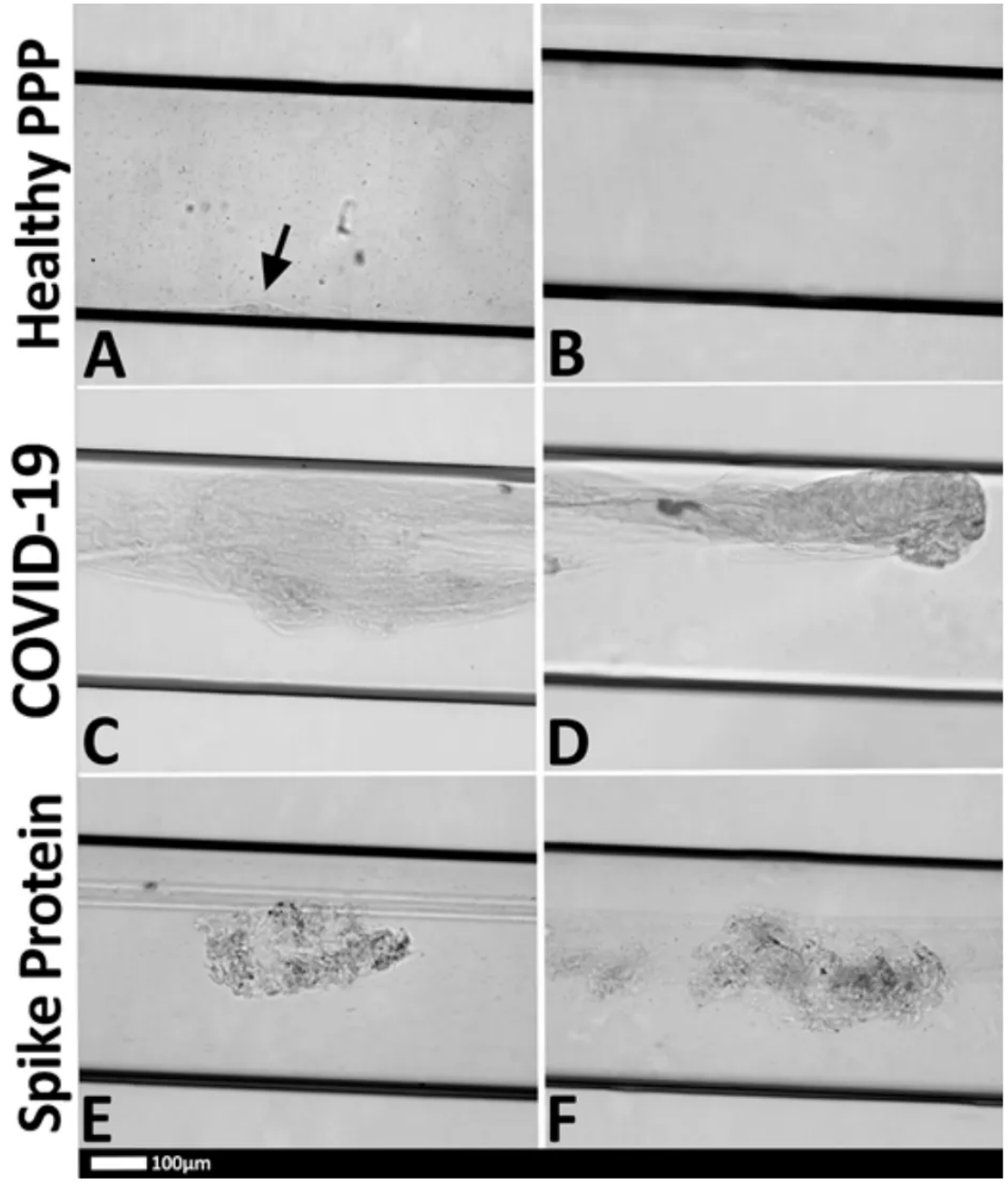
•Small amounts of amyloid (abnormal protein aggregations) were present in the fibrin clots formed.

•Much more (a statistically significant increase) in amyloid was present in the fibrin clots formed by normal blood mixed with dilute spike protein.

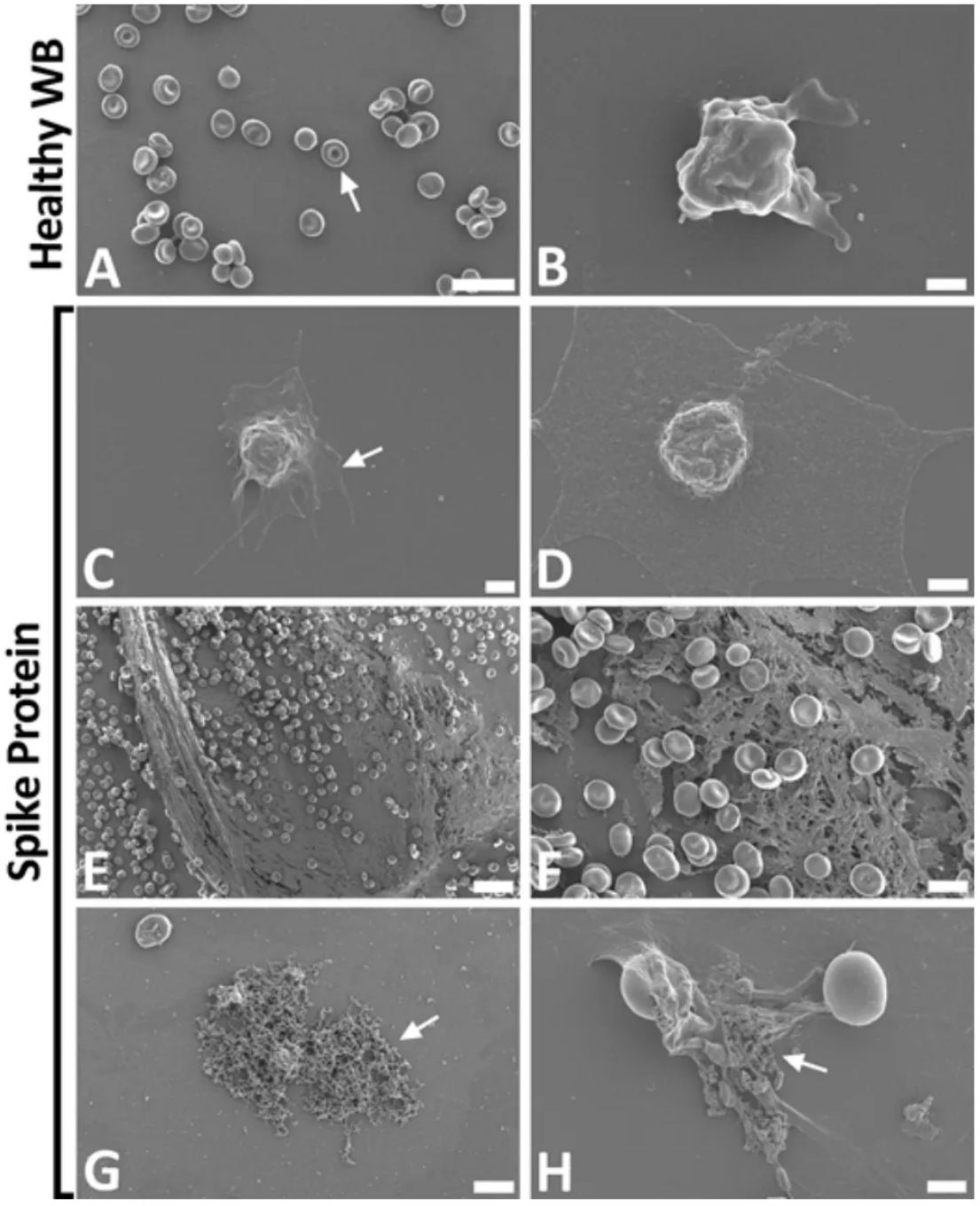
To illustrate the differences (the green signal corresponds to amyloid detection):



When these blood samples were then studied in a simulation of blood flow, it was observed that while normal blood created regular clots on the side of blood vessel walls, once the spike protein was involved (either through an acute COVID-19 infection or dilute spike protein being added), the fibrin clots became irregular, in the case of COVID-19 resisted removal from blood vessel walls, and due to their size and irregularity, obstructed critical flow within the vessel.
Note: I have also observed massive highly unusual blood clots in critically ill hospitalized patients with COVID-19 that required surgical removal, such as a dear friend who refused to vaccinate and got very ill from delta. Large COVID-19 clots are much rarer than what is being observed with the vaccine and as of now I have not been able to verify if they had the same fibrous characteristics.



Similarly, when the blood was looked at under electron microscopy, significant structural abnormalities could be seen:



The most important finding of the study can be found at the end:

> Mass spectrometry showed that when spike protein is added to healthy PPP, it results in structural changes to β and γ fibrin(ogen), complement 3, and prothrombin. **These proteins were substantially resistant to trypsinization, in the presence of spike protein.**

In short, the authors found that when spike protein was added to blood samples, it caused irregular (misfolded) fibrous clots to form that were resistant to the enzymes researchers and the body (e.g. the digestive system) uses to break down

protein structures. This most likely means the enzyme the body typically uses to break down fibrin clots cannot do so for these misfolded fibrous clots.

It should also be noted that COVID-19 blood clots and vaccine blood clots do not respond to many of the anticoagulants that traditionally are effective, further suggesting misfolded blood clots are a key aspect of the disease process (my team also suspects the spike protein directly interacts with clotting factors, e.g. it appears to bind and inactivate heparin, a commonly used anticoagulant which also stabilizes the zeta potential of the body).

The authors further discussed these misfolded clots and cited their potential role in long-haul COVID-19 as a rationale for the current experiment described here which sought to determine the effects of adding spike protein to normal blood:

> Interestingly, plasma from T2DM and form healthy individuals, immediately digested fully after a first trypsinization step, however, persistent microclots remained in the plasma samples from Long COVID/PASC and from acute COVID-19 samples, still contained large anomalous (amyloid) deposits (microclots). After a second trypsinization, the persistent pellet deposits were solubilized. We detected various inflammatory molecules that are substantially increased in both the supernatant and trapped in the solubilized pellet deposits of acute COVID-19 and Long COVID/PASC, versus the equivalent volume of fully digested fluid of the control samples and T2DM. Of particular interest was a substantial increase in α(2)-antiplasmin (α2AP), various fibrinogen chains in both acute COVID-19 and Long COVID/PASC digested microclots.

In summary, this study demonstrated that there are always slightly irregular or misfolded fibrous blood clots being formed within the body, but at the same time the body has a mechanism for removing them. However, once small amounts of spike protein are added into the mix (at concentrations I believe will be reached through vaccination) those irregular fibrous clots spiral out of control and come to dominate the clotting process. At this point, the body's mechanisms for removing them are no longer able to outpace this growth function and they instead grow until they are constrained in size by the blood vessels they are within like the large fibrous clots shown in Died Suddenly.

This is particularly problematic because the spike protein attacks the endothelium (creating large numbers of initiating events for blood clots) and because the mRNA vaccines were engineered to persist in the body so they could produce enough spike proteins to elicit an antibody response sufficient to meet regulatory approval, which unfortunately led to them continuing to produce toxic spike proteins for a prolonged and possibly indefinite period.

In my own opinion, this study was a pivotal point of data that should have brought an immediate halt to the spike protein vaccine roll-out but instead has languished as a relatively unknown study. Nonetheless, the authors continued their research and later published a more detailed paper on what they had discovered about these fibrin amyloid clots which they proposed as the underlying cause of long-haul COVID (but for political reasons obviously could not link to the vaccine).

Postscript: Following publication of this article, a reader alerted me to this study from a different research time (summarized here) which using another methodology also observed that the spike protein was causing irregular and inflammatory fibrin clots to form which resisted degradation.

Numerous observations suggest that something about the spike protein causes protein misfolding to occur. In addition to the abnormal fibrous clots described above, the spike protein vaccination has also been associated with other misfolding diseases. Rapid cognitive decline in the elderly is frequently observed following COVID-19 vaccination. This observation inspired a recent series in here focused on the actual causes of Alzheimer's disease and other forms of dementia (which are often associated with amyloid plaques in the brain), many of which are rapidly accelerated by the SARS-CoV-2 spike protein, along with the therapeutic strategies for addressing them.

One of the most well-known protein misfolding diseases that leads to dementia, Creutzfeldt–Jakob disease, is an extremely rare and fatal brain disease that occurs in approximately one in a million people. Shortly before he passed, Luc Montagnier published a case report of 26 cases of CJD following vaccination, and since that time others have also observed this link.

Similarly, when my team reviewed a large number of vaccine injury reports submitted to Steve Kirsch in a survey, out of the final 607 submissions analyzed, there were three reports of fatal prion diseases (two of which were

specified to be CJD, the third most likely was as well), meaning this disease was observed by approximately 0.5% of respondents (which is much more than the one in a million lifetime occurrence rate). We found this **very** concerning, especially given that CJD normally takes over a decade to develop, so it was even more worrisome that many cases have already emerged.

Another well-known protein misfolding disorder that has been associated with the spike protein is amyloidosis. Amyloidosis is linked to various severe chronic diseases (Pfizer for example recently invested in a treatment for cardiac amyloidosis so they appear to be aware of this issue).

One paper that examined this issue identified seven regions of the spike protein which fulfilled the structural criteria necessary for the formation of amyloids, and when tested, these regions were found to cause amyloids to form. In the same way that the abnormal fibrous clots gradually build up within the vaccinated until a fatal tipping point is reached, I believe the same may also be occurring with amyloid depositing in the tissue (hence Pfizer's recent investment in cardiac amyloidosis).

Others have also noticed the prion-forming characteristics of the spike protein. One of the most definitive reviews of the subject (by authors including Stephanie Seneff and Peter McCullough) highlighted a variety of mechanisms to explain the prion-forming behavior of the spike protein and its ability to enter the central nervous system (e.g. via the spleen where the vaccine nanoparticles were known to accumulate). Interestingly, authors also noted that of the variants, Delta (which my colleagues suspect was engineered) had a higher score for prionogenesis than the original Wuhan strain, whereas Omicron had a substantially lower score.

Richard Flemming also has done a great deal of work to expose both the lab origin of SARS-CoV-2 and the various treaties its developers violated to do so (and thus must be criminally sentenced for). A key point he makes in an important presentation summarizing his work is that the spike protein used in the synthetic COVID vaccines differs from that of the original SARS-CoV-2 virus, ***but the one part of the spike protein which was perfectly preserved in the vaccine was the prion-forming section of it.*** A shortened version of that presentation highlighting the key parts including the prion domain discussion can be found within this article.

In addition to the models demonstrated above, I also believe there is another model which can also explain the protein misfolding and account for the microclots which are occurring.

One mission of this Substack has been to bring the concept of zeta potential to the awareness of the general public as I believe it is critical for understanding many different diseases including COVID-19 and both spike protein and non-spike protein vaccine injuries. A detailed summary of the concept can be found here:

When a substance is mixed in water, it has three options, not mix with it (typically either floating to the top or settling to the bottom), dissolve like salt, or form a colloidal suspension. Stable colloidal suspensions are typically finely dispersed microparticles and as that stability is lost, the particles clump together in larger and larger agglomerations which eventually will separate out from the surrounding water.

The colloidal stability of biological solutions however is mostly overlooked in modern physiology (other systems like Chinese medicine through blood stasis hold a greater focus on it). When the colloidal stability of a living organism is sufficiently impaired, severe diseases, such as those created by blood cells clumping together and impairing circulatory function can occur (similarly early researchers showed malaria causes death by creating severe blood clumping in the largest blood vessels, something Pierre Kory has also observed occurs in critically ill patients via IVC ultrasound immediately preceding their deaths).

A key factor that determines if colloidal solutions clump together or remain dispersed is the balance of electrical charges present (positive charges agglomerate, negative charges disperse). Zeta potential provides a way to model this immensely complex balance and explains why tiny amounts of positive ions with high charge densities (e.g. aluminum) are capable of agglomerating colloidal suspensions (e.g. sewage or blood), and why microstrokes often follow injections of these substances (similarly, poor zeta potential increases the viscosity of the blood, and when it is improved, a variety of cardiovascular or circulatory disorders also improved).

When COVID-19 started, I realize that many of the unusual symptoms reported by colleagues were identical to what I would have associated with an agent severely impairing the zeta potential of the body as so many different fluid

circulations appeared to be impaired or showing signs of agglomeration (e.g. the frequent blood clots). After some research, I concluded the spike protein had the most likely electrical composition to account for these facts, at which point I became extremely apprehensive over vaccine designs which mass produced spike protein within the body (much of what is now known about the spike protein's toxicity was not known then).

In Fleming's previously mentioned presentation which discussed the prion domain within the vaccine spike protein, he also provided one of the best examples I have seen of how a small amount of a zeta potential reducing agent can rapidly cause blood cells to clump together. This was done by showing the immediate effects of each of the spike protein vaccines on healthy blood (this effect is most likely the result of PEG on the lipid nanoparticles).

Fleming-Blood Clumping

AMD

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The South African researchers quoted earlier in this article likewise observed the same phenomena:

> Blood incubated with spike protein showed erythrocyte agglutination, **despite the very low concentration of the spike protein.** An increase in platelet hyperactivation, membrane spreading, platelet-derived microparticle formation were noted due to spike protein exposure.

Further as detailed here, this clumping is also consistently seen on the blood smears of vaccinated individuals:

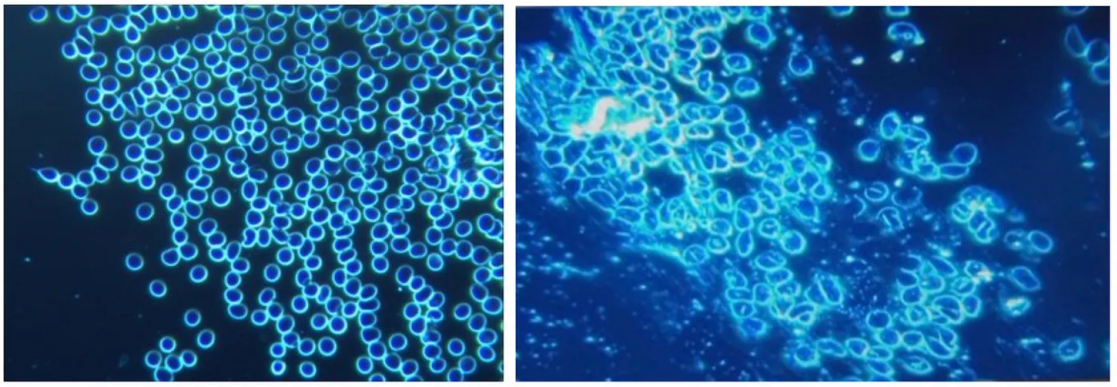


Figure 1. These photos are at 40x magnification. At the left side, (a) shows the blood condition of the patient before the inoculation. The right side image, (b) shows the same person's blood one month after the first dose of Pfizer mRNA

This rapid clumping process is most likely what causes sudden death immediately following vaccination in susceptible individuals, such as this recent example where this ardent advocate of vaccination died **7 minutes** after receiving the new booster in the pharmacy.

As we circle back to Died Suddenly and the abridged version presented here, consider the scenes where the blood of these deceased individuals is shown (I am putting this video in again here so you don't need to scroll up).

Died Suddenly Clots.mp4

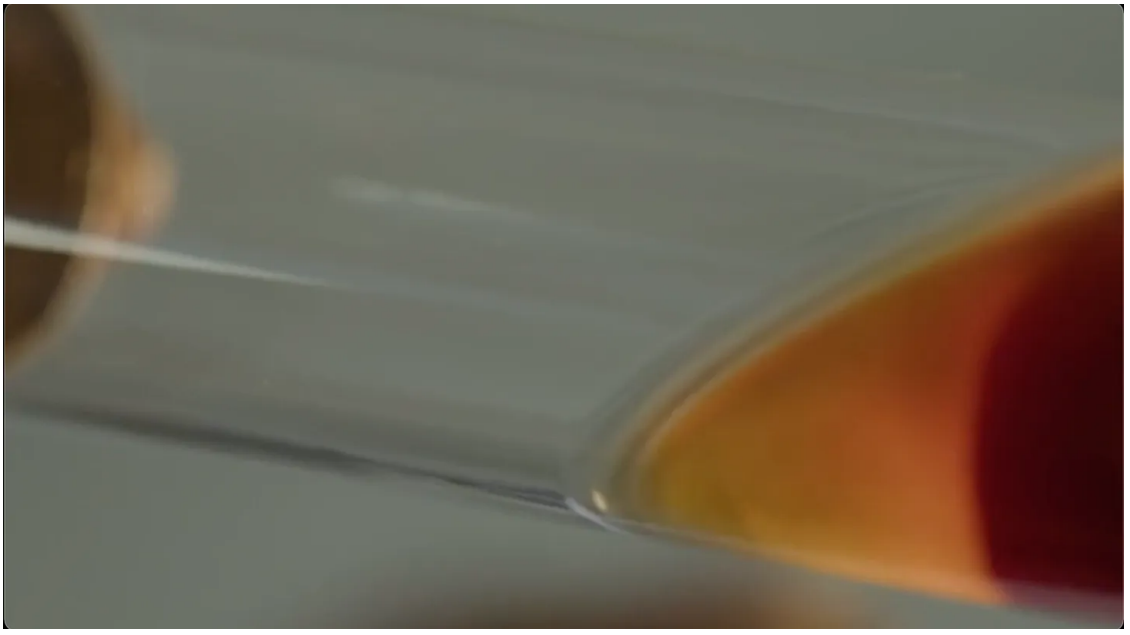
AMD

15:22

When you watch it, three characteristics of that blood should be immediately apparent:

- There are a large number of microclots present (which as discussed here is likely how other zeta potential impairing vaccinations frequently cause neurological injuries).
- It appears more viscous.

•The blood separates from its surrounding plasma (this is best seen in the scenes where it is shown within a test tube, such as the one below).



Each of these effects is classically associated with impaired colloidal stability from a lowered zeta potential (as the blood clumps together rather than remaining dispersed and separated within the medium it is in).

It should be noted that the separation process is essentially what the Erythrocyte Sedimentation Rate test evaluates, a test developed by the early pioneers of blood sludging. ESR is now believed to be reflective of changes in zeta potential and when elevated, correlates with poor COVID-19 outcomes.

Proteins are manufactured by stringing long chains of amino acids together (likewise, the mRNA technology works by directing the body to assemble the specific long chain of amino acids the mRNA was programmed to code for). Once a protein forms, that long chain then folds into a three-dimensional structure that comprises the fully functional protein.

A variety of factors influence that protein folding, and because of the enormous functional consequences of a misfolded protein, a significant focus has been placed the cellular components that prevent this. That discipline has observed states of high stress (e.g. heat shock) inhibit this process for both animal cells and invading microorganisms, and present evidence suggests protein misfolding is a regulatory mechanism cells use to adapt to stress (this is also a foundational principle of the alternative hypothesis of what causes Alzheimer's disease).

In the case of COVID-19, this process appears to play a key role in mediating the diseases process (so a variety of treatments that target it have been explored, although I believe utilizing fevers is probably the most direct solution). I have not been able to find any studies directly assessing the effect of the cytotoxic spike proteins on the regulation of protein folding. However I do know that vaccine injuries are characterized by a chronic activation of the cell danger response, and it is known in the CDR that the heat shock protein response is altered (which plays a large role in protein folding).

Although a great deal of research has gone into observing the factors which influence protein folding, what is often not appreciated about that process is that this folding occurs because the protein chain becomes a suspended colloid in water. As a result the exact shape a protein takes is heavily dependent upon the protein's specific electrostatic interactions with the surrounding environment (and the region of water within the protein).

For this reason, the same factors that influence zeta potential or colloidal stability in other systems also affect protein stability (e.g. the same agents that collapse the physiologic zeta potential are also known denature proteins [lose their folded configuration] and cause them to precipitate out of solution, while those that improve zeta potential stabilize proteins in solutions). One of the easiest models for understanding the denaturation process is when egg whites are heated. Prior to this happening, the colloidally suspended proteins that compose the egg whites are transparent and can easily mix into water, while after this happens they become a solid white mass which separates from water when the two are mixed within (you can also use other denaturing agents besides heat such as alcohol to transform egg whites).

I thus strongly suspect that the physiologic alterations of zeta potential created by a positive charge of the spike protein also affects the folding of a protein and contributes to the protein misfolding detailed within this article. Unfortunately, when I attempted to research this question, I was not able to find any references that I felt adequately assessed it and I was only able to find passing references to it (e.g. a general acknowledgment that denaturing agents impair proper protein folding). Thus, at this time it remains an unproven hypothesis (I feel the papers have to be out there, so once I get them I will revise this position).

For the reasons detailed above, I believe video footage of the unusual blood clots being discovered by embalmers is a winner for convincing the public there are

major problems with these vaccines. This principle also holds for the scientific community as entrenched dogmas are often not overturned until proof of the alternative argument can be directly seen (Navy submarines spotting undersea tectonic rifts made tectonic drift become accepted while being able to see bacteria under a microscope did the same for Semmelweis's theory about needing to wash hands to prevent postpartum sepsis).

At the same time, because of the way our scientific system presently works, many have a great deal of difficulty believing anything unless a model exists to explain how something causes something else to happen. Although that initially appeared to be a significant stumbling block for linking the vaccines to these deadly clots, as this article shows, there are clear mechanisms to support it (*note: in the previous article I went into additional compelling mechanisms to explain the severe blood clots such as the spike protein vaccine frequently causing antiphospholipid syndrome*).

Although there was much I appreciated about Died Suddenly (e.g. it touched upon the history of elitist population control which I presented detailed evidence of here alongside a summary of the known previous attempts to develop and deploy sterilizing vaccines on the public), I feel the lack of editorial control will be extremely problematic later on. Since easily falsifiable information exists in the video that will be focused on in any attempt to debunk it, that will significantly weaken its message and allow the vaccine blood clots to be associated with other unprovable conspiracy theories.

This is a shame because the blood clot aspect of the film is so strong and can easily stand on its own. Additionally, I feel it is very likely that when "died suddenly" is searched in the future, instead of the large numbers of news reports emerging that show where this happened, we will instead be greeted with an endless number of articles debunking those parts of the movie.

The producers of Died Suddenly have my genuine sympathy for these oversights , as I recognize from writing here on complex subjects how easy it is despite my best efforts to make factual errors and as much as I hate to say this "spread misinformation" (this is why I and colleagues periodically volunteer to vet medical information being compiled to challenge this vaccination program).

At the same time however, I also believe once these mistakes are recognized, they need to be addressed. Since I can edit my own written posts after publication, I

recognize it is much easier for someone like me to do that than a video publisher, but I nonetheless believe it must also be seriously considered for a documentary that had a limited release to a video-sharing platform.

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